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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/560912
	Filing Date	12/16/2005
	First Named Inventor	Robert Bernard
	Art Unit	
Total Number of Pages in This Submission	Examiner Name	
	Attorney Docket Number	BLO-110/PCT/US

**ENCLOSURES (Check all that apply)**

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawings	<input type="checkbox"/> After Allowance Comm. to TC
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related papers	<input type="checkbox"/> Appeal Comm. to Board of Appeals and Interferences
<input type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Comm. to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/Declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation Change of Corresp. Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other (Specified below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input checked="" type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Certified Copy of Priority Doc(s)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	Other: cited reference _____ _____ _____	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

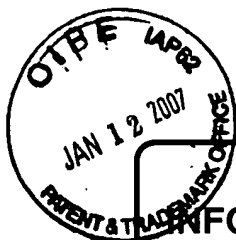
**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

FIRM NAME	LUMEN INTELLECTUAL PROPERTY SERVICES, Inc.		
SIGNATURE			
PRINTED NAME	Robert Lodenkamper		
DATE	1/9/07	REGISTRATION NUMBER	55,399

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below:	
SIGNATURE	
PRINTED NAME	Abigail Capulong
DATE	1/9/07

This collection of information is required by 37 CFR 1.51. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.  
**SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.**



<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT IDS</b>	Application Number	10/560912
	Filing Date	12/16/2005
	First Named Inventor	Robert Bernard
	Art Unit	
	Examiner Name	
Sheet 1 of 2	Attorney Docket Number	BLO-110/PCT/US

This is a submission of a completed IDS and copies of the pertinent parts of the references cited herein. It is requested that the document(s) on the enclosed form(s) be made of record in the above-identified application.

**Part I Authority**

This statement is filed pursuant to:

- ☒ 37 CFR 1.97(b). This IDS is filed either (1) within three months of the filing date of the national application; (2) within three months of the date of entry of the national stage as set forth in 37 CFR 1.491 in an international application; (3) before the mailing date of a first office action on the merits, or (4) before the mailing of a first office action after the filing of an RCE under 37 CFR 1.114, whichever event occurs last. Accordingly, this IDS requires no fee and no certification.
- ☐ 37 CFR 1.97(c). This IDS is filed after the period specified in 37 CFR 1.97(b), but before the mailing date of either (1) a final office action under 37 CFR 1.113 or (2) a notice of allowance under 37 CFR 1.311. Accordingly, this IDS requires either the fee specified in 37 CFR 1.17(p) for submission of an IDS under 37 CFR 1.97(c), or a certification according to 37 CFR 1.97(e).
- ☐ 37 CFR 1.97(d). This IDS is filed after the period specified in 37 CFR 1.97(c). Accordingly, this IDS requires the fee specified in 37 CFR 1.17(p) for submission of an IDS under 37 CFR 1.97(d), and a certification according to 37 CFR 1.97(e).

**Conditional Petition**

It is respectfully requested that this IDS be considered, good cause presented in Part III herein (certification). Please treat this paper as the required petition or as conditional petition to the extent required for acceptance of the IDS. If this IDS crosses in the mail with an office action, or is otherwise not in the indicated category of 37 CFR 1.97, it is respectfully requested that this IDS be treated in the next appropriate category and made of record.

**Part II Payment**

- ☒ No fee is due
- ☐ The fee specified in 37 CFR 1.17(p) for submission of an IDS under 37 CFR 1.97(c), (d) or (e) is enclosed.

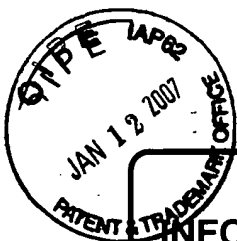
**Part III Certification**

- ☒ Pursuant to 37 CFR 1.97(e), I certify that no certification is necessary.
- ☐ Pursuant to 37 CFR 1.97(e), I certify that each item of information contained in the IDS was cited in a communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the IDS.
- ☐ Pursuant to 37 CFR 1.97(e), I certify that no item of information contained in the IDS was cited in a communication from a foreign patent office in a counterpart foreign application, or, to my knowledge after making reasonable inquiry, was known to any individual designated in 37 CFR 1.56(c), more than three months prior to the filing of the IDS.

**Part IV Additional Statement**

An additional statement regarding these items of information ( ) is, ( ) is not, enclosed. Copies of the cited documents ( ) are enclosed, ( ) are of record in the parent application with serial No. and will be provided if the Examiner deems it convenient.

Respectfully submitted, <i>Robert Lodenkamper</i>		
Robert Lodenkamper	TELEPHONE	650-424-0100
1/9/07	REGISTRATION NUMBER	55,399



<b>INFORMATION DISCLOSURE STATEMENT BY APPLICANT IDS</b>	Application Number	10/560912
	Filing Date	12/16/2005
	First Named Inventor	Robert Bernard
	Art Unit	
	Examiner Name	
Sheet 2 of 2	Attorney Docket Number	BLO-110/PCT/US

US Patent Documents					
Examiner Initials	Cite No.	Document Number Number/Kind Code	Publication Date mm-dd-yyyy	Name	Relevant Information
		US-			
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Foreign Patent Documents						
Examiner Initials	Cite No.	Document Number Country/Number/Kind Code	Publication Date mm-dd-yyyy	Name	Relevant Information	T
	A	GB1235003	6/9/71			

Examiner		Date Considered	
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\* EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication to applicant.

This collection of information is required by 37 CFR 1.97 and 1.98. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.11 and 1.14.

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.